

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400839594

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10000

Contact Name: Randy Loudenburg

Name of Operator: BP AMERICA PRODUCTION COMPANY

Phone: (970) 335-3828

Address: 501 WESTLAKE PARK BLVD

Fax:

City: HOUSTON

State: TX

Zip: 77079

API Number 05-067-09931-00

County: LA PLATA

Well Name: PHILLIPS A

Well Number: 3R2

Location: QtrQtr: NWSE Section: 33 Township: 34N Range: 9W Meridian: M

Footage at surface: Distance: 1972 feet Direction: FSL Distance: 1398 feet Direction: FEL

As Drilled Latitude: 37.145530 As Drilled Longitude: -107.826648

GPS Data:

Date of Measurement: 05/11/2015 PDOP Reading: 4.5 GPS Instrument Operator's Name: Bert Winkler

** If directional footage at Top of Prod. Zone Dist.: 783 feet. Direction: FSL Dist.: 1798 feet. Direction: FEL

Sec: 33 Twp: 34N Rng: 9W

** If directional footage at Bottom Hole Dist.: 777 feet. Direction: FSL Dist.: 1798 feet. Direction: FEL

Sec: 33 Twp: 34N Rng: 9W

Field Name: IGNACIO BLANCO

Field Number: 38300

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/18/2015 Date TD: 04/22/2015 Date Casing Set or D&A: 04/23/2015

Rig Release Date: 04/23/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 3665 TVD** 3317 Plug Back Total Depth MD 3609 TVD** 3261

Elevations GR 6697 KB 6708

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Cased Hole Cement Bond Log and Compensated Neutron Log. No Open-Hole logs were run due to Rule 317.p, exception was granted for the well. Open hole resistivity and gamma ray logs were run on the Phillips A 1 well, API 05-067-06982.

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	521	357	0	521	CBL
1ST	7+7/8	5+1/2	15.5	0	3,654	442	0	3,654	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FRUITLAND COAL	3,060	3,440	NO	NO	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Randy Loudenburg

Title: Regulatory Agent

Date: _____

Email: randy.loudenburg@bp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

400842620	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400842627	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Other Attachments

400852149	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400855382	TIF-IND-DENS-NEU	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400855387	TIF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400855392	LAS-IND-DENS-NEU	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)